

October 1, 2018

**BOARD OF COUNTY COMMISSIONERS
ORANGE COUNTY, FLORIDA**

**IFB #Y18-634-KB
MATTRESSES FOR ORANGE COUNTY FIRE RESCUE STATIONS
ADDENDUM NO.2**

This addendum is hereby incorporated into the Invitation for Bids document.

1. Change the Bid Acceptance Date from ~~October 4, 2018~~ to **Sealed Bid offers will be accepted up to 2:00 PM (local time), Tuesday, October 9, 2018.**
2. The **BID PROPOSAL FORM IFB #Y18-634-KB** is replaced in its entirety with **REVISED BID PROPOSAL FORM IFB #Y18-634-KB** attached herein.

QUESTIONS AND ANSWERS

3. **Question:** Has this IFB been bid before?

Answer: No, this is a new Invitation for Bids will no prior contract.

4. **Question:** The description states that they want a Twin XL size; yet the size stated is 37 x 72. These are contradictory. A Twin XL is 38 x 80. What is the correct size?

Answer: The mattress size shall be Twin 38" x 75". Revised Bid Response Form attached herein.

5. **Question:** What are the quantities of both mattresses and covers?

Answer: Fire Rescue is requesting a quantity of 340 mattresses and covers.

ACKNOWLEDGEMENT OF ADDENDA

- a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned not later than the date and time for receipt of the bid.

- b. Receipt acknowledged by:

Authorized Signer

Date Signed

Title

Name of Bidder

**REVISED BID RESPONSE FORM
IFB #Y18-634-KB**

The Contractor shall provide all labor and other resources necessary to provide the goods and/or equipment in strict accordance with the specifications defined in this solicitation for the amounts specified in this Bid Response Form, inclusive of overhead, profit and any other costs.

ITEM NO.	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT COST</u>	<u>TOTAL BID</u>
1.	Twin XL (38" x 75") 357-Verticoil Inter Spring Mattress	340	\$_____/ea	\$_____
	_____	_____		
	Manufacturer	Stock number		
2.	Mattress Covers (38" x 75")	340	\$_____/ea	\$_____
	_____	_____		
	Manufacturer	Stock number		

Company Name

Indicate if items are to be delivered:
via common carrier* _____ or Owned/Hired Vehicle _____

*If delivery will occur via common carrier, insurance requirements are not applicable. If delivery will occur via owned or hired vehicles, insurance requirements are applicable.

IMPORTANT NOTE: When completing your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid.

Delivery shall be not later than thirty (30) calendar days After Receipt of Order (ARO) per Special Terms and Conditions.

Inquiries regarding this Invitation for Bids may be directed to Kathy Bozeman, Purchasing Agent, at Kathy.Bozeman@ocfl.net

Bid Response Documents - The following documents constitute your bid:

- A. Bid Response Form, Authorized Signatories/Negotiators, Drug-Free Workplace, Schedule of Sub-contracting, Conflict/Non-Conflict of Interest Form, E-Verification Certification, and current W9, Relationship Disclosure Form and Orange County Specific Project Expenditure Report. **Please make sure forms are fully executed where required.**
- B. Qualifications of Bidders information, per Special Terms and Conditions.
- C. Completed attached reference documentation.
- D. Descriptive literature or detailed specifications for any equal goods proposed.